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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/715,629

PATENT

Applicant(s): Kunihiro Watanabe

Attorney Docket No. 3120/FLK (032878-
87667)

Filing Date: November 18, 2000

Group Art Unit: 2612

Examiner: Aung S. Moe

Title: SOLID STATE IMAGING
DEVICE...

FEE ONCE

July 26, 2004

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
AUG 03 2004

A M E N D M E N T

Technology Center 2600

SIR:

I. INTRODUCTORY COMMENTS

In response to the Office Action dated March 25, 2004, please amend the subject application as set forth hereinbelow.

Applicant hereby petitions for a one-month extension of time, a petition pursuant to 37 C.F.R. 1.136(a) and authorization to charge the requisite fee being enclosed.

10/28/2004 AGREED by 00000000504880, may715629
01 FC:1201 charged on Deposit Acct. No. 50-1290.
86.00 DA

Filed by Express Mail
Receipt No. 6298018785945
On July 26 - 04
By Patricia Muir
Patricia Muir

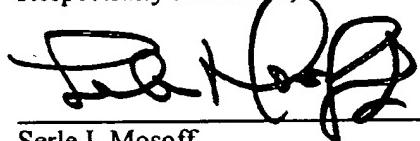
It is also believed that claims 7 and 9, indirectly or directly depending on claim 6 are allowable for the same reasons indicated with respect to the amended claim 6, and further because of the additional features recited therein which, when taken alone and/or in combination with the features recited in the amended claim 6, remove the invention defined therein further from the disclosures made in the cited references.

CONCLUSION

Applicants believe that this is a full and complete response to the Office Action. For the reasons discussed above, applicants now respectfully submit that all of the pending claims are in complete condition for allowance. Accordingly, it is respectfully requested that the Examiner's rejections be withdrawn; and that claims 6-10 be allowed in their present forms. If the Examiner feels that any issues that remain require discussion, he is kindly invited to contact applicant's undersigned attorney to resolve the issues.

Any fee due with this paper may be charged to Deposit Account No. 50-1290.

Respectfully submitted,



Serle I. Mosoff
Reg. No. 25,900

CUSTOMER NUMBER 026304

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Docket No.: 032878-87667 [3120/FLK]
SIM: pm

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/715629

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<u>11</u>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<u>11</u> minus 20=	*
INDEPENDENT CLAIMS	<u>3</u> minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	<u>20</u>	=
Independent	<u>4</u>	Minus	<u>3</u>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL		OR TOTAL	<u>710</u>

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	<u>86</u>
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<u>86</u>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	<u>20</u>	=
Independent	<u>4</u>	Minus	<u>3</u>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	<u>20</u>	=
Independent	<u>4</u>	Minus	<u>3</u>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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